



# TOWN OF CARVER BUILDING PERMIT APPLICATION

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

Project Address \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

PROPOSED USE ( ) Single Family ( ) Non-Residential ( ) Multi-Family # of Units \_\_\_\_\_

Print

Owner, \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

As the Home Owner of said property, I hereby authorize said contractor to act on my behalf relative to work authorized by this building permit.

Signature of Home Owner: \_\_\_\_\_

PRINT

WORK DESCRIPTION \_\_\_\_\_

Historic District YES NO Did you received a Stop Work Order on this Project? YES NO

Is Project Near: Stream/River Pond Wetlands or Bog Not Applicable

Print

Contractor \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

CSL License No. \_\_\_\_\_ HIC License No. \_\_\_\_\_

Signed under penalties of perjury, I declare that I hereby certify that the dimensions and other information presented to the Town of Carver are correct and accurate and that all work will be in compliance with applicable provisions of the Massachusetts State Building Code, statutes, regulations and by-laws for this building permit. **That where no work has been started within 180 days after issuance of a permit or when more than 180 days has lapsed between required inspections, such permit shall be deemed void.**

Applicant Signature \_\_\_\_\_

Estimated Cost \_\_\_\_\_

Permit Fee \_\_\_\_\_

TOWN OFFICIALS FILL OUT

Board of Health \_\_\_\_\_ Bldg Dept. \_\_\_\_\_

## CONTINUE ON BACK

Rev 07/18/11

# WORKERS' COMPENSATION INSURANCE AFFIDAVIT

PRINT

Name \_\_\_\_\_

- I am homeowner performing all work myself
- I am sole proprietor and have no one working in any capacity
- I am an employer providing workers' compensation for my employees working on this job.

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Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # \_\_\_\_\_

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**(circle one)** I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following workers' compensation policies:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # \_\_\_\_\_

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Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. If the HOMEOWNER, certify that I am aware that if I contract with an unregistered contractor that I will NOT have access to the Guaranty Fund (G.L. c. 142A).

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_